

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011379

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

1628

FILED APR 5 1962

## 1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

KANSAS CITY

Length of stay in 1b

1 month

c. FULL NAME OF (If NOT in hospital, give location)

BAPTIST MEMORIAL HOSP.

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

KANSAS

b. COUNTY

JOHNSON

Inside Limits

Yes ☒ No ☐

c. CITY

OR

TOWN

MERRIAM

d. STREET

ADDRESS

(If outside, give location)

5823 GOODMAN ROAD

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

JOSEPH

Middle

F

Last

SONNENBERG

4. DATE

OF

DEATH

Month

MARCH

Day

19

Year

1962

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

3/13/87

## 9. AGE (last birthday)

75

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CHIROPDIST

## 10b. KIND OF BUSINESS OR INDUSTRY

OFFICES - 10TH &amp; MAIN BLDG.

## 11. BIRTHPLACE (City and state or country)

MILWAUKEE, WISCONSIN

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

UNKNOWN SONNENBERG

## 13b. MOTHER'S MAIDEN NAME

UNKNOWN

## 14. NAME OF HUSBAND OR WIFE

MRS. IRENE SONNENBERG

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

IRENE SONNENBERG 5823 GOODMAN RD. MERRIAM, KANSAS.

## 18. CAUSE OF DEATH (Enter only one cause per line)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Carcinoma of Pancreas

## INTERVAL BETWEEN ONSET AND DEATH

Unknown

## DUE TO (b)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from Dec 1961 to Mar 19, 1962 and last saw him alive on Mar 18 -62

Death occurred at 9:15

A. m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22. SIGNATURE

(Degree or title)

Underwood Jr. &amp; D

## 22b. ADDRESS

1103 GRAND K.C. Mo.

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

## 23b. DATE

MAR. 21, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

HILLCREST CEMETERY

## 23d. LOCATION (City, town, or county)

GALLATIN

## (State)

MISSOURI

## 24. FUNERAL DIRECTOR

Address

1531 BRUSH CR.

## 25. DATE RECD. BY LOCAL REG.

MO. 3-21-62

## 26. REGISTRAR'S SIGNATURE

Keith Long

D.W. NEWCOMER'S SONS KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

W. Johnson  
1000 St. Lawrence St.  
1100-5100

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

- Signature of Student Embalmer

Signed

*Harold Z. Ehlernacht*

Licensed Embalmer No.

3035

P. O. Address

*St. Charles*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.